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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

Form **8453-P****U.S. Partnership Declaration and
Signature for Electronic Filing**

OMB No. 1545-0970

Department of the Treasury
Internal Revenue Service

For calendar year 2004, or fiscal year beginning, 2004, and ending, 20

▶ See instructions on back.

2004

Name of partnership

Employer identification number

Number, street, and room or suite no. (or a P.O. box if mail is not delivered to a street address)

City or town, state, and ZIP code

Telephone number

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Part I Partnership Return Information

1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	
2	Gross profit (Form 1065, line 3)	2	
3	Ordinary income (loss) from trade or business activities (Form 1065, line 22)	3	
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

Part II Transmitter Information

6 Transmitter's name

Part III Declaration of General Partner or Limited Liability Company Member**Sign
Here**

Under penalties of perjury, I declare that the above amounts (or the amounts on the attached listing) agree with the amounts shown on the corresponding lines of the electronic portion of the 2004 U.S. Return(s) of Partnership Income. I have also examined a copy of the return(s) being filed electronically with the Internal Revenue Service, and all accompanying schedules and statements. To the best of my knowledge and belief, they are true, correct, and complete. If I am not the transmitter, I consent that the return(s), including this declaration and accompanying schedules and statements, be sent to the Internal Revenue Service by the return transmitter. I also consent to the IRS' sending the transmitter an acknowledgment of receipt of transmission and an indication of whether or not the return is accepted, and, if rejected, the reason(s) for the rejection.

▶ Signature of general partner or limited liability company member

▶ Date

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer (See instructions).**ERO's
Use Only**

I declare that I have reviewed the above partnership return(s) and that the entries on Form 8453-P are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return(s), and only declare that this form accurately reflects the data on the return(s). A general partner or limited liability company member will have signed this form before I submit the return(s). I will give the general partner or limited liability company member a copy of all forms and information to be filed with the IRS, and have followed all other requirements described in Pub. 1524, Procedures for the 1065 e-file Program, U.S. Partnership Return of Income for Tax Year 2004. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above partnership return(s) and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

ERO's signature ▶	Date	Check if also paid preparer ▶ <input type="checkbox"/>	Check if self-employed ▶ <input type="checkbox"/>	ERO's SSN or PTIN
Firm's name (or yours if self-employed), and address ▶	EIN ▶			
	ZIP code ▶			

**Paid
Preparer's
Use Only**

Under penalties of perjury, I declare that I have examined the above partnership return(s) and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Preparer's signature ▶	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶	EIN ▶		
	Phone no. ()		